DOCUMENT RESUME

ED 160 717 UD 018 668

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TITLE The Advocate Counseling Model: Part II--The Process.
PUB DATE 74
NOTE 16p.; For a related document, see UD 018 667; Not available in hard copy due to reproduction quality of the original document

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS *Counseling Programs; Counseling Theories; Counselor Role; Institutional Role; *Interaction Process Analysis; *Interpersonal Problems; Models; *Nondirective Counseling; *Psychotherapy; *Social Factors
IDENTIFIERS *Advocate Counseling Model

ABSTRACT

Advocate Counseling is a method of psychotherapy which seeks to improve an individual's relationship and ability to cope with institutions in the larger society. The purpose of this paper is to place Advocate Counseling in an operational perspective. Presented are: (1) the behavioral analysis of Advocate Counseling; (2) a flow chart of the counseling process; (3) an explanation of the three phases in Advocate Counseling; (4) a discussion of the implications of Advocate Counseling for other fields; and (5) areas of research. (Author/EB)

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OCT 12 1978

Appears in
T. Samore (ed.), Progress in Urban Librarianship: A Seminar on Community Information Needs and the Designing of Library Education Program to Meet These Needs. University of Wisconsin-Milwaukee School of Library Science Studies #4, 1974.

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The Advocate Counseling Model: Part II - The Process

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"The Advocate Counseling Model: Part I" was a conceptual, historical, and descriptive overview. This second part analyzes the Model, describes the process, and lays the groundwork for its research, application, and implications.

Behavioral Analysis of Advocate Counseling

The purpose of this analysis is to place the Advocate Counseling Model in an operational perspective. The use of behavioral analysis is intended to help the reader to identify the major components in a counseling framework. One of the major components of the Model is visibility of control.

Consider the following allegory:

Kids often attend magic shows in which a magician performs many fantastic feats in front of them. On this particular weekend, two young kids, named Manuel and Mei-ling, attended a magic show at a local theatre. The two kids sat in the far back row during the first half of the performance, marveling at the spectacular feats performed by their "superstar." However, during the second half of the show, Manuel decided to sneak backstage in order to get a closer look at further fantastic feats by this "superstar." What he saw was something very different from Mei-ling and the other kids sitting in the audience. Revealed to Manuel were the contraptions and devices used to make the audience believe certain events were occurring when in fact they were not. He saw how the woman in the box avoided the saw blade, the swords, and the fire. And he saw the magician's "superstar" image go down the drain. As the two kids were walking home after the magic show, Mei-ling's comments were, "Hey, that magician can make anyone disappear into thin air, even you and me!" "He's got strange power that can do anything!" Manuel's comment was only one word, "Bullshit!"

The purpose of this allegory is to illustrate the fact that when an individual cannot identify the controls and mechanisms of a situation he/she tends to attribute much credibility to that phenomenon. B. F. Skinner (1971, p. 47) states that individuals tend to attribute "superstar" status, as well as intrapersonal attributes to those who perform "impossible" feats. However, if the controls or the factors which made that feat possible were identified, then much less individual credit is attributed. In other words, there exists an inverse relationship between credit and the visibility of control. Individuals affected by dysfunctional societal institutions experience much the same phenomenon. Those who cannot identify the contingencies and operations of that in-

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stitution tend to attribute far more "oppressive" power than that which is actual. However, if the mechanisms of control were known, i.e., the institutional contingencies and how they affect the clients, then much less "oppressive" power would be credited to institutions. As a result, individuals gain an understanding of how to deal with large-scale macro-structures.

Another main component of the Advocate Counseling Model is the intended positive emotional response a person experiences in attempting to change a dysfunctional institutional-individual situation. Visualize two behaviorial analysis situations, the first describing the client before Advocate Counseling or attempting to solve the problem him/herself, and the second describing the client during and after Advocate Counseling. These two possible situations are presented in Figure 1.

ANTECEDENTS	BEHAVIOR	CONSEQUENCES	THOUGHTS, FEELINGS
I. Institution-mediated cues; dysfunctional institution-individual incident	Client attempts solutions (before Advocate Counseling)	Institution responds negatively	Client feels bad, impotent, blames and belittles self, feels frustrated and anxious
II. Institution-mediated cues; dysfunctional institution-individual incident	Client attempts assertive counter-control skills (during, after Advocate Counseling)	Institution/institutional employee responds positively	Client feels good, potent, feels he/she can be assertive, wants to assert control over other areas of life

Figure 1. Behavioral Analysis of Client Before and After Advocate Counseling.

A third major component of the Advocate Counseling Model is the importance of organization, awareness, and development. In a general operational manner, Advocate Counseling incorporates the triadic model offered by Tharp and Wetzel (1969, pp. 44-65). An interpretation of this triadic model consistent with the Advocate Counseling process is presented in Figure 2.

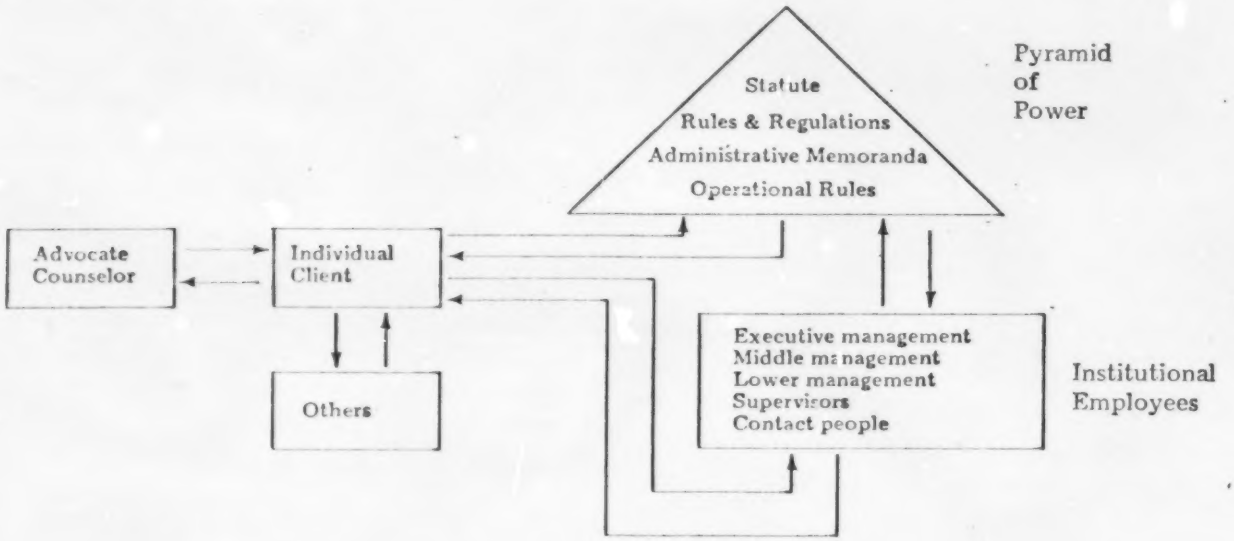

Figure 2. The Operational Model of Advocate Counseling

Figure 2 shows that it is the Advocate Counselor acting in a manner consistent with a non-leadership, organizer's model, who interacts with the client, who in turn interacts with the dysfunctional institution. The Advocate Counselor does *not* interact with the dysfunctional institution. That is, he/she does *not* advocate on behalf of the client. Potential sources of reinforcement and

non-reinforcement for the client come from a) the Advocate Counselor, and b) others, i.e., peers, family, friends, etc. Potential sources of reinforcement and non-reinforcement for the institution/institutional employees come from a) the client, b) the Pyramid of Power, c) other institutional employees, and d) anti-institution pressure groups. It is extremely important for the Advocate Counselor to identify these sources of both direct and indirect reinforcement and non-reinforcement. He/she must be aware of these sources in order to aid clients in the development of countercontrol skills.

The purpose of this section is to summarize the Advocate Counseling process. The flowchart in Figure 3 is intended to provide a visual summary of the major components. It is noted that the flowchart presents these components linearly, whereas the three phases of the Model tend to overlap and where regression takes place it is sometimes necessary to remediate. The blank circles found in Figure 3 indicate possible research directions. The Advocate Counseling Model can be divided into three sequential and overlapping phases: I. The Education Phase, II. The Facilitation Phase, and III. The Implementation Phase.

The Process: The Education Phase (I)

This phase assumes that many if not most of the symptoms that are currently diagnosed as personal problems are caused and/or aggravated by external environmental/institutional units. It also assumes that the hurt or the pain of the individual as a result of negative institution-individual incident is a strong motivator which can be utilized in the Advocate Counseling process. The initial Advocate Counselor - client contact should focus on these major areas:

1. Exploration and delineation of the problem - an attempt to define the institution-individual problem which is causing the client pain.
2. Applicability of the Model - a general assessment as to whether or not the Advocate Counselor can be of help during the time allowed for solution to the problem.
3. Articulation of ideology and methodology - see *The Advocate Counseling Model: Part I - Conceptual Framework*, the sections on *Definition, Scope, and Ideology* and *Relation of Advocate Counseling to Social Change/Contract Approaches.*
4. Reliance on an Information Center - a reservoir of primary and secondary source materials relating to institutions.
5. Broadening of client's perspectives - a listing of all options constituting a possible solution.

The Beginning. Awareness of pain caused by some institutional involvement in the life of a person is the beginning of the Advocate Counseling process. This awareness can be generated either by the client or the Advocate Counselor. At this point either the client or the Advocate Counselor may assume the initiative in beginning a relationship to reduce the client's pain. A state of awareness may be generated by the feelings of pain on the part of the client in addition to clarifying statements by the Advocate Counselor which relate these feelings to an institutional context. The Advocate Counselor listens to the client, clarifies the situation by asking questions, and delineates the problem in terms of institution-individual interaction. The Advocate Counselor has to decide whether or not the Model is applicable or if he/she is too busy with other clients to be of help during the projected time line. In cases of inapplicability or a prohibitive time bind, the reader is referred to the section on Implementation dealing with referrals. Where the Model is applicable and there is no counselor time bind, a schedule for subsequent counselor-client sessions may be generated on the initiative of the counselor with the consent of the client. An explanation of the Model's ideology and method should be made to relate directly to the client's problem(s). Following this procedure, the function of the Advocate Counselor is to inform the client that the counselor has access to knowledge which may clarify the problem confronting the client. It is a common psychological phenomenon that persons who are under the press of a problem orientation tend to see only a very limited number of possible solutions. In the absence of accurate information from institutions causing/aggravating the problem, the consequences of most of these solutions take on an ominous tone. This lack of accurate information has the effect of forcing people into passive modes of behavior, which often increases anxiety, or into ineffective assertive behaviors, which among the young especially, often result in violence or dissipation.

The Information Resource Center. The Education Phase of this Model is dependent upon the ability

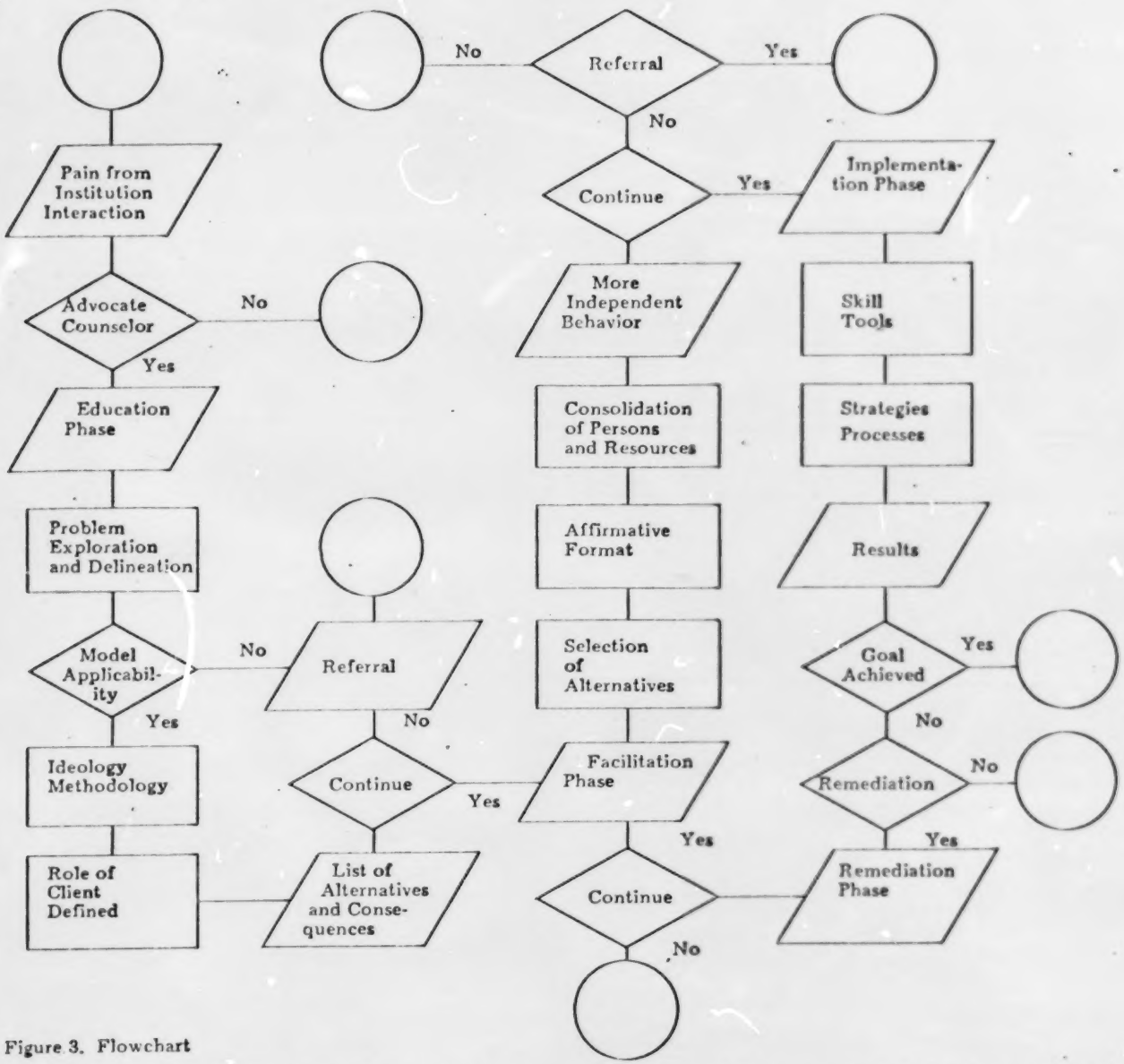

Figure 3. Flowchart

of the counselor to build an Information Resource Center and use it. The need and rationale for the establishment of such a facility are as follows:

1. It provides the knowledge which will allow the counselor to respond with some concrete answers to inquiries from clients with institution-related problems;
2. The Advocate Counselor organizes and utilizes this facility for action-oriented research, i.e., research which can lead to some action on the part of the client;
3. The presence of this Information Center and a sincere effort at an objective and personal delivery of the accurate information generated by the primary source material tends to develop a climate of trust between the Advocate Counselor and the client.
4. The Center and the memoranda which emanate from it also provide the Advocate Counselor with a positive and visible outreach mechanism; he/she becomes one who is known as a person who is willing and able to provide information which may help a client toward a solution to a problem; and
5. The Center provides the client with the opportunity to identify the mechanisms of institutions, thereby increasing his/her visibility of control.

The Information Resource Center of the Advocate Counselor contains:

1) *primary source materials*, the major portion of the facility, and
2) *secondary source materials.*

The primary source material is material which can be regularly and systematically updated and indexed. Primary source material is defined as the Law, court interpretations of the Law, written Memoranda of institutional administrators, and documentation of the institutional Operational Rules. The minimum requirements for such a facility include the Legislative Acts and relevant case law of the state in which the counseling service is being offered with an updating service, the Rules and Regulations or administrative code as they are known in some states, procedural and operational manuals together with Administrative Memoranda of relevant institutions, and documentation of institutional Operational Rules.

Secondary source material is material which may lead the Advocate Counselor to new primary source material. Included in this category are many excellent quick reference services such as the *Criminal Law Reporter, Poverty Law Reporter, Juvenile Law Reporter, Prison Law Reporter,* etc., which provide indexed coverage with explanations of many institutional procedures. Newspapers, magazines, journals, etc., have relevance as secondary source material in that they lead the Advocate Counselor to new primary source material.

If time and finances permit, the Education Phase can be further facilitated with memoranda relating to common client problem areas generated by the Advocate Counselor. The following guidelines are important concerning the development and dissemination of memoranda by the Advocate Counselor:

1. The memoranda must be phased in language understandable to the clients;
2. The primary source material must always be cited, if not in the context then at the conclusion of the memo;
3. An effort should be made by the Advocate Counselor to insure that the client understands the content of the memo; and
4. The date on which the memoranda is to be considered outdated should be included to maintain the accuracy of the information and the credibility of the Advocate Counselor.

A note on the memoranda stating that the information contained therein may be outdated and the reader should contact the Advocate Counseling office provides a positive outreach mechanism. The continuing credibility of the Advocate Counselor or the agency for which he/she works depends primarily upon the accuracy of the information disseminated. Memoranda floating around with outdated and hence inaccurate information will destroy the credibility of the agency or individual practicing Advocate counseling.

The establishment and continued development of an Information Resource Center is invaluable; such an outreach mechanism places the person with the skills of a counseling psychologist in a much less threatening position than the current "doctor's office" motif of many counseling offices, which assumes "illness." Rather than allow a client's anxiety and frustration over his/her inability to cope with the reality inflicted upon him/her by institutions to build to a point where escape, avoidance, and aggressive behaviors become nicheable as a diagnosis of a mental illness, the Advocate Counselor is able to reach out with a possible solution (i.e., knowledge) as a means of prevention.

Counselor–Client Roles in Developing a Force-Choice Context. The primary goal of the Education Phase of this Model is to broaden the client's field of reality such that the Advocate Counselor and the client define *all* of the options which might constitute a solution to the problem. In this initial phase the client is dependent upon the Advocate Counselor primarily as a source of accurate information relating to his/her problem, as well as a source for emotional support. This dependency relationship places great responsibility on the Advocate Counselor; he/she must be readily available at all times in the client's community to respond to the client's desire for more knowledge and support to further define alternative solutions to his/her problem in this expanding field of reality.

The client also has a great deal of responsibility. As part of the ideological and methodological orientation, it should be made clear that the Advocate Counselor will not advocate for the client; hence, it is the client's responsibility to learn the necessary skills in order to assert control over his/her own life in this problem situation. Some effort should be made during this phase to assess

the reading and writing proficiency of the client, since these skills are required in the Implementation Phase of the Advocate Counseling Model. When these skills are present but minimal the client problem orientation and the desire to assert more control over their own life in this and other similar situations serves as an incentive to improve these skills. Such clients are more time-consuming but the change in behavior represented in a person who is utilizing skills previously considered useless tends to balance the extra time required with counselor satisfaction.

With clients that lack any proficiency in reading and writing skills a non-compensatory educational approach may be necessary. Even in this case the Advocate Counselor does not assume responsibility for advocating for the client. It is more beneficial to the community in which the Advocate Counselor is working and more consistent with the social and institutional change objectives of the Model if the client recruits someone with these skills from his/her family or community to perform this compensatory function. This person is called the *client correspondent*. He/she should sign all letters under the signature of the client with that title and an indication that any response is to be sent to the client.

The nature of a problem caused by dysfunctional institution-individual exchanges is that it has a definite time line and consequences. During the Education Phase all the alternatives must be defined in relation to: 1) action or inaction, 2) their effect on the client and others in the process of action or inaction, and 3) their consequences. The conclusion of the Education Phase of the Model is reached when an exhaustive list of alternative solutions to the problem and their consequences has been discussed, listed, and defined to the satisfaction of the client. When this exhaustive list of alternatives and consequences has been defined, it becomes evident that even in the case of inaction by the client (always one of the alternatives listed) he/she will either do something or something will be done to him/her. Hence the client becomes aware that he/she is in a *force-choice* context. Either one makes a choice or a choice is made for you.

The Advocate Counselor must be able to develop the skills to be interpersonally facilitative. This is the degree to which the counselor can create a climate of empathy, respect, and warmth such that the client will express the problem, explore its facets, deal with his/her feelings, and explore alternative solutions. Other dimensions helpful for the relationship are concreteness, genuineness, and self-disclosure. Many books and research articles have been written in this area, the most notable ones being: C. R. Rogers, *Client-centered Therapy* (1951); C. Truax & R. Carkhuff, *Toward Effective Counseling and Psychotherapy* (1967); R. Carkhuff & C. Berenson, *Beyond Counseling and Therapy* (1967); R. Carkhuff, *Helping and Human Relations*, vol. 1 & 2 (1969); and G. Gazda, *Human Relations Development* (1973). To achieve success during the Educational Phase, the Advocate Counselor must build a strong base of rapport which may consist of empathy, respect, and warmth. This means that the counselor must try to understand the client and his/her problems, have faith in the client's ability to solve his/her own problems, and have concern for the client. Establishing this basic climate of rapport does not mean that the Advocate Counselor is passive or non-directive; rather, he/she is directive in terms of structuring and educating the client in the previously mentioned areas: problem definition, the pain caused by the problem, the ideology and method of the Model, access to accurate information, and structuring options. It should be mentioned here that the dimensions of empathy, respect, and warmth may not be necessary and sufficient conditions for establishing client rapport. If priority is placed on one variable being crucial for establishing rapport, it is the authors' opinion that it is the access and ability to convey accurate information regarding the individual-institutional problem area. Success in this dimension may even override the mismatch of such counselor-client variables as expectation, prognosis, attraction, empathy, warmth, and respect.

The Process: The Facilitation Phase (II)

The Facilitation Phase of the Advocate Counseling Model begins when the force-choice context is defined to the satisfaction of both the counselor and the client. It is during this phase that an alternative from the force-choice context is selected, affirmed, and consolidated prior to beginning the last phase. Whereas in the Education Phase, the Advocate Counselor might find it necessary and essential to be directive, similar to

a resource person and a teacher, he/she should be non-directive and indicate a willingness to accept the alternative selected by the client during the Facilitation Phase. It is imperative to the integrity of the Model that the client make the choice. This does not mean that the Advocate Counselor does not share his/her values with the client but it does mean that the counselor must be able to accept what the client chooses as the best alternative based upon accurate knowledge and the client's positive feelings.

Following the selection of an alternative from the force-choice context, an effort should be made to give the alternative an *affirmative format* or *positive action orientation.* Such a format is one where the client perceives of him/herself as being motivated to act for, rather than act against something. It is an orientation which allows the client to speak positively about the alternative chosen. This development of a positive action orientation is particularly necessary when the client is still angry and frustrated about the institutional conflict. This does not indicate that the client is less firm or resolved in advocating the chosen solution; rather, it is an approach that places more emphasis on the client educating and not confronting those in the institution with whom the client will deal. Confrontation by the client may be necessary at some point in the process of implementation; however, most people find confrontation easier to justify and hence implement if they have made an initial approach to a solution to a problem in a cordial, affirmative manner.

The last step in this phase is for the client to *consolidate* the alternative chosen. Prior to beginning the Implementation Phase where the client is shown how to advocate his/her solution to the institutional problem, it is desirable to consolidate this alternative with family, friends, etc. This segment has three purposes: 1) it gives the client an opportunity to articulate and rehearse his/her alternative solution; 2) it gives the client an opportunity to test the solution with those who care and are willing to feed back the consequences of his/her action; and 3) the client will discover whether or not these significant others constitute a source of positive reinforcement and support to sustain him/her through the Implementation Phase.

Consolidating the alternative chosen is the first exposure to an action-oriented reality for the client. In the process of exposing the alternative selected to significant others, the client may discover that his/her chosen alternative does not stand the test of this limited but necessary action-oriented reality. Should this be the case, it may be necessary to return to the list of alternatives, re-evaluate the consequences of each, and select another option or reaffirm the initial alternative selected.

During this phase the client becomes more independent of the Advocate Counselor because: 1) the client has made his/her own decision from an exhaustive list of alternatives and consequences; 2) he/she has developed a support system apart from the Advocate Counselor; and 3) the client realizes that he/she must do his/her own advocating. Also at the conclusion of the Facilitation Phase it should be made clear to the client that he/she is to do his/her own advocating within the context of that institution, i.e., become a client-advocate. There are three reasons why this position is critical:

1. Failure of the counselor as advocate very often results in more loss of hope for client. "If he/she can't do it, how could I hope to succeed?"
2. Success of the counselor as an advocate means the client has not asserted control over his/her own life. "The problem was solved but only because the counselor did it for me."
3. The wrong person may be reinforced with the wrong reinforcement. For the counselor to act as advocate is often just an ego trip (albeit a "humanistic one").

Finally, the dimensions of the Advocate Counselor in this interpersonal relationship should be one of continued high empathy, respect, and warmth. The dimension of concreteness and the ability of the counselor to be specific now plays an increasing role. References which will help the Advocate Counselor to aid the client in rational decision making are: Ryan & Krumboltz (1964), Thoreson & Mehrens (1967), and Tyler (1969, pp. 135-157).

The Process: The Implementation Phase (III)

The Implementation Phase begins as the client and the Advocate Counselor recapitulate the process they have gone through, reassess the client's confidence in the positive action orientation of his

chosen alternative, and develop a procedural format based upon accurate knowledge of the institution in which the client will advocate for him/herself. The procedural format is the action plan resulting from the action-oriented research in which the Advocate Counselor has involved the client. During this phase there is an increased emphasis on the part of the Advocate Counselor in the following dimensions:

1. Confrontation - pointing out discrepancies; "If you (the client) have been bullshitting it will reduce your chances of success!"
2. Immediacy - telling it like it is between the counselor and the client in an action-oriented reality; "Hey, you're (the client) doing the advocating and signing the letters, I'm (the counselor) not."
3. Concreteness - the ability to be specific; "What do you want (the client)? How are you going to get it? How will you know if you're successful?"

The use of role-playing and modeling techniques, such as in Alberti & Emmons (1970), in order to practice and rehearse likely situations are often helpful to the client.

During the initial stages of this phase, the Advocate Counselor educates the client to a task orientation. For the client to effectively pursue a solution to the problem, it will be necessary for him/her to practice certain skills in seeking a successful conclusion to institution-individual conflict. These skills are reading and writing. We have found in our experience that economically disadvantaged and minority people tend to develop behavior patterns which exclude the practice of these skills because of minimal positive reinforcement. Positive reinforcement has greater impact on a person whose learning experiences hold the immediate promise of alleviating aversive stimuli or crisis situations. This is particularly relevant to persons experiencing such crises in institution-individual exchanges. This phenomenon has also been cited by such thinkers as Paulo Friere and Ivan Illich and by such educators as Charles Silberman and John Holt. The proper application of the Implementation Phase of the Advocate Counseling Model will provide that positive reinforcement. In the case of clients whose reading and writing are extremely deficient, it may be necessary to recruit some peer, family, or community person with these skills to help (see Education Phase - client correspondent).

Client-Advocate Tools. There are certain tools which must be used if the client is to be successful in: 1) implementing his/her solution to the institution-oriented problem; 2) reversing the flow of accountability within the institution from top-down to bottom-up; and 3) forcing the institution to be primarily accountable to those it was established to serve rather than just accountable to those it employs. An explanation of these essential tools follows.

1. - Everything in Writing. The legal adage, *"Quod non est in scripto non est in Mundo"* (What is not written does not exist) holds true today. Interaction between the client and the institution must be on the written communication level. Unless past, present, and future exchanges are written and documented, these incidents do not count. Therefore, anything that is observed or heard that relates to the institutional problem area should be written down in some form, i.e., letters and write-ups. This is done in order to build a record and to provide evidence that such incidents occurred.

A *letter* to the institution describing the incident(s) and the problem is one way of implementing this tool. Where the time line permits, the first letter to the proper office of an institution may be sent by regular mail. If it does not receive a response within a reasonable period of time the next letter is sent via *certified mail, return receipt requested.* This process gives the client proof of mailing and proof that the letter was received at the institution. Where the cost of this process is prohibitive and the location of the institution permits, the letter can be hand delivered and a receipt requested upon delivery. Letters sent in such a way tend to sound the alarm of possible future litigation and they will be read and responded to by institutional personnel. The Advocate Counselor does not write first drafts of the letters for the clients but should go over the letter with him/her to ensure that it states the client's exact intentions. Grammatical errors and spelling errors should not be corrected unless it is brought to the Advocate Counselor's attention by the client. An extensive rewrite by the counselor tends to detract from the client's sense of control. If the client has a greater writing facility in a language other than English, such as Spanish or Chinese, then that might be used as the correspondence language. Such a circumstance would at least require the institution to retain a person familiar with the client's language. This is also the initial step by the client to move the

institution to become more responsive to dealing with the client.

Personal contacts with institutional personnel should be *avoided*, for as personal exchanges increase, documentation of these exchanges becomes difficult and cumbersome. In situations where these contacts cannot be avoided, then *write-ups* must be completed on every conversation between the client and all persons present. A write-up is a transcript of the conversation from memory or notes, using quotes where exact phrases or sentences can be remembered and paraphrasing where the exact words used cannot be remembered. Every effort should be made to make it as accurate and honest as possible, with emphasis on what was said or done. It should not contain any value judgments by the client-advocate. The client should do the first draft of the write-up and work with the counselor to complete it. Very often the intense emotional involvement of the client will prevent him/her from doing an accurate job. It is the counselor's responsibility to help the client to separate fact from emotion. The write-up should be completed as soon as possible after the contact and a completed copy should be *notarized* or *co-signed* in order to validate the date on which it was completed. If another person, i.e., client correspondent or friend, was a party to the conversation, he/she should co-sign the write-up. The value of write-ups cannot be overemphasized in the Implementation Phase. Should the Advocate Counseling process be unsuccessful the write-ups will serve as an acceptable record of any violation of the client's right to due process in the administrative procedures of the institution. Although the temptation to use tape recorders is great, it tends to make institutional personnel defensive and the conversation sterile and often meaningless, even if recorders are used openly. If they are used clandestinely, it is by most standards considered to be an unethical invasion of privacy and if discovered may taint the motives of the client should the problem solving process reach the point of litigation.

Essential elements of the write-up are: A) the names of the persons present during the conversation; B) the day and date of the year; C) the beginning and ending time of the conversation; and D) the location of the conversation. Use of the write-up is to be decided by the client in concert with the Advocate Counselor. Possible uses of the write-ups are:

1. Sending the write-up to the person(s) involved in the conversation requesting any additions or corrections, together with a cover letter repeating the request made by the client about the problem and documenting the legitimacy of the request;
2. Sending it to the person in the institution, superior to the institutional person(s) involved in the conversation with copies to others, such as local and state legislative representatives who might aid the client in solving the problem; and
3. Retaining and letting it accumulate in the client's chronological file (Chronfile) toward occasions where the client can use it more effectively in advocating for him/herself.

In summary, if and when letters and write-ups are presented as documentation by the client-advocate, it has a particular significant effect on the institutional personnel. Client initiative represented by such documentation will result in one or more of the following conclusions on the part of the institutional employees: 1) the client has carefully recorded the incident; 2) the client may be correct in his/her complaint; 3) the institution may indeed be underestimating the power of the client; 4) the institution may be wrong or unfair in dealing with the client; and 5) possible litigation may result which may be embarassing for the institution. The state in which these institutional employees find themselves may be termed an aversive situation, a negative reinforcement situation where some form of escape behavior is sought in order to reduce the aversiveness. One such occurance will usually create an awareness in institutional contact persons of the possibility that other client-advocates may follow the same procedure. This state of awareness by institutional contact people that at any time they may be held accountable by those that the institution was established to serve gives impetus to institutional personnel to act more consistantly with the interests and needs of the client population. This process tends to reverse the flow of accountability with the institution, from top down to bottom up, which is more consistent with the concept of client-community countercontrol.

2. - Copies of Everything. On some occasions, written communications are accidentally and/or intentionally lost or delayed. Copies must be kept by the client-advocate on everything including: A) materials sent from the client to the institutional personnel; B) materials sent from the institutional personnel to the client; and C) materials (i.e., forms, etc.) sent from the institution-

al personnel to the client which are to be written on and returned. Where the client is required to go to the institution to complete forms or sign other kinds of documents, it is necessary that he/she request the following: A) that the client be allowed to take such documents home for study prior to completing them; and B) that copies of the completed documents be provided to the client by the particular institutional personnel with whom the client is dealing.

3. - The Chronfile. Ideally the client should construct and keep his/her own file with explicit knowledge that it belongs to him/her. This confidential file contains the accumulated record of documented evidence, i.e., letters, write-ups and responses of the institution-client exchanges. It is called the client's chronological file, in short, the client's *Chronfile*. At no time does the file belong to the counselor or the agency for whom he/she works, nor should the counselor or the agency be entitled to keep duplicates of any portion of the client's Chronfile without that client's explicit written permission. If the client permits the Advocate Counselor to retain possession of the file, then the counselor must state specifically his/her willingness to maintain its confidentiality. No agency or counselor evaluation design which is not consistent with this principle should be imposed. In addition, under no circumstances should the threat of withdrawal of services or the trusting relationship be used in order to cajole the client into giving a third party access to any portion of the Chronfile, including the client's name. The Chronfile is the manifest symbol of the client asserting control over his/her own life. Specifically, it serves the following functions:

A. provides tangible evidence to the client that something is being done, or has been done;
B. provides immediate reinforcement of the progress thus far;
C. provides reinforcement as client possesses the file with which to review and reminisce;
D. cues the client as to what else has to be done;
E. provides tangible evidence for the client to show others what he/she has accomplished, that is, to friends, family, peers, spouse, and others with similiar problems; and
F. gives the client an example by which he/she may replicate the technique(s) used in the process.

At the conclusion of the Advocate Counseling process, when the pre-established goal-alternative has been achieved or a referral must be made, the complete Chronfile should be given to the client. It represents a kind of credential, certifying that the client has effectively advocated for him/herself and has at least in this situation asserted control over his/her own life.

Time Line and Advocate Counselor-Client Sessions. Meetings between the Advocate Counselor and the client-advocate tend to fall into a pattern established by the procedural exigencies of the institution. During this phase the client meets with the Advocate Counselor just prior to or just after completing some step in the procedural format previously established. In some cases institutional procedures for resolving client-oriented problems have a time line which creates a press on the client, i.e., the client does not have enough time to adequately prepare for appointments, hearings, etc. If this is the case it is legitimate for the client to make the institutional personnel aware of the press and request, in writing, an appropriate extension of time.

During the initial stages of the Implementation Phase, it is appropriate to establish a regular schedule of appointments based upon an estimate of the length of time that it will take to implement the alternative selected. Any knowledge that the Advocate Counselor may have from previous experience and research on that institution related to the alternative selected by the client should also be considered.

Clarification should be made regarding the avoidance of Advocate Counselor interaction with institutional personnel. Contact resulting in understandings and friendships may effect the attitudes of the Advocate Counselor in such a way as to lessen the impact of strategies which affect institutions. Also, client awareness of such contact lessens the sense of control by the client-advocate.

Depending upon the number and complexity of the problems involved as well as the institutional procedures and responsiveness, this phase can last as long as the time taken for one complete exchange, i.e., one sequence of correspondence, six months, or longer. In an extended sequence of events there may be some motivational lag on the part of the clients. In such cases the Advocate Counselor may assume the initiative to call clients from time to time to: a) discuss any changes in the institutional policies or procedures, or b) reassure the clients of the counselor's interest, concern, support, and anticipation of further steps in the Implementation Phase. At such

times it may be necessary to refer back to the Facilitation Phase and recapitulate the options available. If the Implementation Phase drags over an extended period of time, the client may decide that another alternative is more attractive because it can be concluded more quickly.

Value Changes. It is during this phase of the Advocate Counseling Model that the consolidation of new values takes place in an action-oriented reality. Previously, in the Education and Facilitation Phases the client's system of values has been subjected to new input and modes of behavior have been explored intellectually and articulated with the Advocate Counselor, parents, friends, etc. He/she is attempting to assert control in an effort to rewrite some stipulation of the social contract. He/she is seeking to implement a solution which he/she has chosen, to a problem which he/ she understands, in both a personal and an institutional context. In addition, the client must adjust the old values to the new. The client may discover that the alternative selected is inconsistent with positive feelings in an action-oriented reality. The Advocate Counselor must be cautious not to force the client to "see it through," but be ready to go back to the Facilitation Phase without imposing a feeling of guilt on the client. Assuring maximum control over one's own life means being able to admit error without being saddled with guilt feelings Although it would appear that the Implementation Phase is largely mechanical the reverse is true. The dimensions of confrontation, the ability to look at discrepancies, and support are needed to an even greater extent than in the Facilitation Phase.

Outcomes for the Institution: Feedin Mechanism. As the client-advocate acts on the basis of facts and good feelings, learned and developed during the Education and Facilitation Phases, he/she serves as a feedin mechanism into the institution. A feedin mechanism is an instrument which requires that one party, i.e., the institution, recognize the requirements and demands of another party, i.e., the client. Recognition of the requirements of the client does not necessarily mean that the institutional personnel will meet those requirements, but with the proper utilization of the tools previously described, it does mean that they will respond. Written or verbal requests, preferably written, from clients for information or service should be specific. Such requests should ask for documentation or justification of the response consistent with the Legislative Act, Rules and Regulations, or Administrative Memoranda. This function of the client as a feedin mechanism has the following enumerated effects upon the institution and upon the client:

1. It forces the institutional contact person to justify his/her actions according to the written authority. Thus it reduces his/her prerogatives to interpret the problem on personal, attitudinal bases which may be contrary to the intent of the Legislative Act, Rules and Regulations, or Administrative Memoranda.
2. It requires the institutional contact person to learn the basis for the administrative authority which causes him/her to act in such a way which has caused pain for the client.
3. It gives the institutional contact person access to knowledge which has been withheld in order to insure the status of those at higher levels in the institution. As the institutional contact person learns more of the reasons for the required behavior, he/she will be better able to serve future clients with similar needs.
4. For the vast majority of institutional contact persons who wish to change institutional policies to better meet the needs of their clients, this client initiative enables the employees to have documentation and hence a lever to advocate for positive changes in institutional policies and procedures.
5. For the client receiving a written response to a request for which he/she was primarily responsible for writing and sending, it reinforces the skill of writing. It also reinforces decision-making, problem solving, reading and learning skills which the client practices in the other phases of the Advocate Counseling Model. For many persons from economically disadvantaged and minority groups this will be the first time that they have consciously elicited a response from an "authority."
6. As the file of written materials (Chronfile) begins and grows the client's estimation of him/herself grows. There is a feeling of power and control which results from obtaining the knowledge and maintaining the file of accurate information. This feeling increases and the client learns and practices new assertive modes of behavior.

In short, as the client is educating him/herself and acquiring countercontrol skills, the client is also educating the institutional employees, beginning with the contact person.

Outcomes for the Advocate Counselor: Feedback Mechanism. In addition to the feedin effects of

the client to the institution, the client functions as a feedback mechanism to the Advocate Counselor, providing updated information about the institution as well as the client. From actions taken by the client, the Advocate Counselor can assess the level of competency (knowledge and practice) of the concepts, tools, and skills learned in the Advocate Counseling process. Clients may feed back to the Advocate Counselor information and documentation on changes in Operational Rules and Administrative Memoranda, such that the counselor has a continuing source of accurate, updated knowledge about the institution, as well as a "feel" for the procedures and processes implemented within institutions. The Advocate Counselor has continual personal and intimate contact with clients affected by institutions. This is an invaluable input which top levels of management who are removed from client contact in the institution do not have. In addition, through the Information Resource Center, the Counselor has continual access to the knowledge upon which institutional processes and procedures are based, another invaluable aspect which institutional contact persons do not normally have. Most importantly, the Advocate Counselor is not subject to the same sources of reinforcement which determine a large part of the behaviors of institutional personnel.

Closure. As the tools are implemented and tasks are performed, closure to the Advocate Counseling process comes with *either* the achievement of the pre-established goal-alternative, or some variation thereof, *or* the recognition on the part of the client-advocate and the counselor that the institutional personnel are not going to grant the client the alternative sought. In a successful case, the pre-established goal-alternative is achieved primarily as a result of the efforts of the client-advocate, via learning assertive countercontrol skills. With a successful conclusion to the Implementation Phase, the client should be virtually independent of the Advocate Counselor. An ideal situation is one where the client-advocate has achieved the pre-established goals sought, and if hassled again by the same or similar institution(s), the client-advocate can replicate these assertive countercontrol skills. A client with this attitude at the conclusion of this counseling process is one who is more likely to generalize and transfer these skills and take the initiative in his/her community toward encouraging others to assert for themselves, individually or collectively.

In cases where institutional personnel will not respond affirmatively to the needs of the client-advocate, there is still the possibility of a compromise or the pursuit of another alternative from the force-choice context. Where the client does not want to compromise or pursue another alternative, the Advocate Counselor may suggest a referral to a lawyer or another professional. Such referrals are easily accepted and handled by attorneys because the documentation of the facts in the case during Advocate Counseling is so thorough. Institutional personnel may delay action only to see if the client will go to an attorney. Upon discovering that the client-advocate will go to an attorney, the institutional personnel may grant the alternative desired rather than deal with possible litigation. When a referral is made to a lawyer or another professional, the Advocate Counselor should indicate to the client that as a concerned counselor he/she wishes to remain in contact. This understanding should be made clear to lawyers and other professionals. Continued contact is maintained for the following reasons:

1. The credibility of the Advocate Counselor rests with the service performed. Service includes referral. In referring clients to incompetent attorneys or other professionals, the Advocate Counselor's credibility may be seriously damaged.
2. A good Advocate Counselor will refer very few clients; however, when referral is necessary it is often to a professional who charges a fee. Continued contact may insure a reasonable fee rate or discontinued referral to the high fee-charging professional.
3. An attorney functions under a different model than an Advocate Counselor. An attorney will want to advocate on behalf of his/her clients rather than develop the clients' skills for self-advocating. Continued contact with the Advocate Counselor following a referral to an attorney helps clients to be more knowledgeable about what is happening to them.

Even if the initial effort of the client-advocate were unsuccessful, the experience of advocating for him/herself is always a positive one. If the Advocate Counseling process has been unsuccessful, the client-advocate has nonetheless learned new assertive countercontrol skills, has given meaning to old skills, and has compared old values with new values. In addition, he/she tends to be less passive and more angry. Anger results not only because the client-advocate *feels* that he/

she was treated unjustly by the institutional personnel, but because the client-advocate *knows* that he/she was treated unjustly based on the access accurate, updated information about the institutional policies and decisions. Expression of this type of anger is indeed therapeutic and justified. A person who is angry because he/she knows that he/she should have been treated differently is much more likely to take some significant action than one who is frustrated out of ignorance of what the institutional responsibilities are under the law.

Implications

The basis for the Advocate Counseling Model is pain caused or aggravated by dysfunctional institution-individual exchanges. Failure in this area cannot be attributed solely to the individual. The goal of the Model is to help such an individual to acquire attitudes, competencies, knowledge and skills which allows him/her to effectively cope with dysfunctional institutional behavior. The Model is only valid inasmuch as people are commited to keeping institutions accountable, hence maintaining the vitality of the social contract.

Current job possibilities for the Advocate Counselor are inhibited by the top-down structure of institutions in which the positive reinforcers result in the subservience of those at lower levels to those at higher levels in the institutional hierarchy. A viable economic base requires the creation of a new institution, i.e., many Advocate Counseling agencies and/or institutional executives which are willing to guarantee the integrity of the Advocate Counselor.

Large scale implementation of the principles, ideology, and techniques embodied in the Counseling Model demand the development and implementation of an *Advocate Education Model.* Such an education model will involve the creation of a curricular approach concentrating on the development of affirmative countercontrol skills. This approach will also involve making persons aware that as individuals in a nation state dominated by an urban milieu, they are parties to a multifaceted social contract to which they subscribe by passive behavior. Through affirmative assertive behavior by individuals on a large scale, they can modify that contract in such a way as to maximize their own potential and minimize the control of those whom they place in authority over them.

Advocate Education concerns itself more with the process of informing, involving, internalizing and implementing how all people can manifest their potential in such ways as to create their own future. Sociologists, social workers and educators (Adams, Berg *et al.*, 1971, Kahn, Kamerman, and McGowan, 1973, *Harvard Educational Review*, 1973) state openly the issues and problems of children's rights. The area of children's rights has particular importance for the structure and curriculum of institutions in which children are educated. Such institutions and curriculum should be structured to emphasize the ability of children to advocate for themselves instead of having adults advocating for them. Later articles will detail the concept and components of Advocate Education and how they relate further to the principles of the Advocate Counseling Model.

Research

Parts I and II of this article are a beginning attempt to articulate a model. Much of this is based upon day-to-day practical experiences in working with clients with institutional conflicts, armed with accurate information regarding institutions, background in personal-interpersonal counseling, and sheer guts. To the practitioners of Advocate Counseling, it works. Our data are based upon case studies with clients and their exchanges with dysfunctional institutions in which the setting is more clinical and counseling-oriented than laboratory or field observation-oriented. The level of data collected emphasizes overt, observable behavioral incidents between clients and dysfunctional institutions and between clients and the Advocate Counselor. Inferences are made regarding the feelings, thoughts, and reinforcement contingencies of the parties concerned. The general theoretical structure within which data can be organized is based upon behaviorism, social exchange and social contract theories.

The adage, "Research is needed to substantiate the statements made," is appropriate. The blank circles in the flow chart (see Figure 3) represent areas which the authors believe may be fruitful for research. The intent of this section is to high-

light some areas of research which may verify the conceptual and practical matters of Advocate Counseling. Suggestions for research fall into four general categories: 1) the Advocate Counseling theory, process, and outcome, 2) the institutions, 3) the clients, and 4) the counselor. Much investigation is needed as to what constitutes the necessary and sufficient conditions for the various kinds of changes clients undergo within each phase. For example, it is our contention that access to accurate information related to the clients' institutional problem and the ability to convey it may be far more effective in establishing a climate for rapport, exploration, and change than the current counseling emphasis. Procedures will have to be developed to verify the fact that behavior changes occurred: 1) in the institution's increased positive responsiveness, 2) in the clients' being able to perform certain assertive counter-control skills, 3) in the clients' abilities to replicate, generalize and transfer these skills into other arenas, and 4) in the client's professed value changes. Verification procedures for increased institutional responsiveness and for client performance of Advocate Counseling skills are presently easy to construct and measure. Generalization, transfer, and professed value changes on the part of the client may present more complex methodological and interpretational difficulties. Currently, much literature is written on the nature and process of institutions by sociologists, social psychologists, anthropologists, economists, etc.; however, little is researched in the area of institution-client exchanges. Even less is written on the changes occurring within institutions as a result of client-advocate impact. Research may also expand the institutional arena to include non-public organizations where the underlying legal base is not as rigid. Client variables, counselor variables, and their interactions should be explored systematically. The Advocate Counseling Model has been developed and practiced with people from all classes including minority, low-income, and working-class clients of both sexes. An assertion was made regarding the Advocate Counseling approach being a non-leadership, organizer's model; the implication is that counselors trained with this model may transcend such difficulties with clients as differences in ethnic background, sex, and socio-economic class. Empirical evidence may clarify this issue. In addition, differences in role expectancies and prognostic expectancies on the part of the client and the Advocate Counselor have yet to be explored.

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